



IDAHO STATE POLICE

Lateral Academy Skills Assessment

Name: _____

Date: _____

This assessment form is designed to provide the Idaho State Police with information related to your skill levels in various disciplines necessary for performing proficiently as an Idaho State Police Trooper. For each skill area listed, please check the appropriate box indicating:

- whether or not you have received training in the skill area;
- if you have received training in the listed area, indicate how recently you received the training;
- if you have received training in the listed area, indicate whether this occurred in a basic academy or post-basic (advanced or in-service) training environment;

Finally, indicate your proficiency level in the listed area: "1" would indicate basic familiarity and "5" would indicate instructor-level expertise.

1. Please check the appropriate box next to each skill area listed below indicating whether **you have or have not** received training in this area:

- | | | |
|--|------------------------------|-----------------------------|
| a. Emergency Vehicle Operations/Pursuit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Pursuit Immobilization Technique (PIT) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Traffic Stops, including high risk | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Ground Fighting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Arrest Techniques | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Crash Investigation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Standard Field Sobriety Tests | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Intoxilyzer 5000 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Use of Force | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Evidence Handling/Packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Highway Interdiction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Speed Detection (radar) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Speed Detection (lidar) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Speed Detection (stopwatch) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Weapons Qualification (Semi-Automatic Pistol) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Weapons Qualification (Long Gun) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Expandable Batons (e.g. – ASP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r. Oleoresin Capsicum (OC) Spray | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| s. Commercial Vehicle Safety/HazMat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| t. Incident Command | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. Traffic Code | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Report Writing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| w. Verbal judo/communication skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| x. Drugs that Impair Driving (DID) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| y. Courtroom Demeanor/Mock Court | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Please indicate **how many years** it has been since you received training in each of the following skill areas; if you have not received training in the skill area, please check the "N/A" box:

a.	Emergency Vehicle Operations/Pursuit	___ Years	<input type="checkbox"/> N/A
b.	Pursuit Immobilization Technique (PIT)	___ Years	<input type="checkbox"/> N/A
c.	Traffic Stops, including high risk	___ Years	<input type="checkbox"/> N/A
d.	Ground Fighting	___ Years	<input type="checkbox"/> N/A
e.	Arrest Techniques	___ Years	<input type="checkbox"/> N/A
f.	Crash Investigation	___ Years	<input type="checkbox"/> N/A
g.	Standard Field Sobriety Tests	___ Years	<input type="checkbox"/> N/A
h.	Intoxilyzer 5000	___ Years	<input type="checkbox"/> N/A
i.	Use of Force	___ Years	<input type="checkbox"/> N/A
j.	Evidence Handling/Packaging	___ Years	<input type="checkbox"/> N/A
k.	Highway Interdiction	___ Years	<input type="checkbox"/> N/A
l.	Speed Detection (radar)	___ Years	<input type="checkbox"/> N/A
m.	Speed Detection (lidar)	___ Years	<input type="checkbox"/> N/A
n.	Speed Detection (stopwatch)	___ Years	<input type="checkbox"/> N/A
o.	Weapons Qualification (Semi-Automatic Pistol)	___ Years	<input type="checkbox"/> N/A
p.	Weapons Qualification (Long Gun)	___ Years	<input type="checkbox"/> N/A
q.	Expandable Batons (e.g. – ASP)	___ Years	<input type="checkbox"/> N/A
r.	Oleoresin Capsicum (OC) Spray	___ Years	<input type="checkbox"/> N/A
s.	Commercial Vehicle Safety/HazMat	___ Years	<input type="checkbox"/> N/A
t.	Incident Command	___ Years	<input type="checkbox"/> N/A
u.	Traffic Code	___ Years	<input type="checkbox"/> N/A
v.	Report Writing	___ Years	<input type="checkbox"/> N/A
w.	Verbal judo/communication skills	___ Years	<input type="checkbox"/> N/A
x.	Drugs that Impair Driving (DID)	___ Years	<input type="checkbox"/> N/A
y.	Courtroom Demeanor/Mock Court	___ Years	<input type="checkbox"/> N/A

3. Please indicate whether the training you received in the listed skill area was gained during a basic course of training (Enter "1") or during an advanced or in-service course of training (Enter "2"). If you did not receive training in the skill area, please check the "N/A" box:

a.	Emergency Vehicle Operations/Pursuit	_____	<input type="checkbox"/> N/A
b.	Pursuit Immobilization Technique (PIT)	_____	<input type="checkbox"/> N/A
c.	Traffic Stops, including high risk	_____	<input type="checkbox"/> N/A
d.	Ground Fighting	_____	<input type="checkbox"/> N/A
e.	Arrest Techniques	_____	<input type="checkbox"/> N/A
f.	Crash Investigation	_____	<input type="checkbox"/> N/A
g.	Standard Field Sobriety Tests	_____	<input type="checkbox"/> N/A
h.	Intoxilyzer 5000	_____	<input type="checkbox"/> N/A
i.	Use of Force	_____	<input type="checkbox"/> N/A

j.	Evidence Handling/Packaging	_____	<input type="checkbox"/> N/A
k.	Highway Interdiction	_____	<input type="checkbox"/> N/A
l.	Speed Detection (radar)	_____	<input type="checkbox"/> N/A
m.	Speed Detection (lidar)	_____	<input type="checkbox"/> N/A
n.	Speed Detection (stopwatch)	_____	<input type="checkbox"/> N/A
o.	Weapons Qualification (Semi-Automatic Pistol)	_____	<input type="checkbox"/> N/A
p.	Weapons Qualification (Long Gun)	_____	<input type="checkbox"/> N/A
q.	Expandable Batons (e.g. – ASP)	_____	<input type="checkbox"/> N/A
r.	Oleoresin Capsicum (OC) Spray	_____	<input type="checkbox"/> N/A
s.	Commercial Vehicle Safety/HazMat	_____	<input type="checkbox"/> N/A
t.	Incident Command	_____	<input type="checkbox"/> N/A
u.	Traffic Code	_____	<input type="checkbox"/> N/A
v.	Report Writing	_____	<input type="checkbox"/> N/A
w.	Verbal judo/communication skills	_____	<input type="checkbox"/> N/A
x.	Drugs that Impair Driving (DID)	_____	<input type="checkbox"/> N/A
y.	Courtroom Demeanor/Mock Court	_____	<input type="checkbox"/> N/A

4. Please enter a value of “1”, “2”, “3”, “4”, or “5” for each skill area listed below. “1” would indicate basic familiarity, and “5” would indicate instructor-level expertise in the skill area. Check “N/A” if you have no familiarity with the skill area:

a.	Emergency Vehicle Operations/Pursuit	_____	<input type="checkbox"/> N/A
b.	Pursuit Immobilization Technique (PIT)	_____	<input type="checkbox"/> N/A
c.	Traffic Stops, including high risk	_____	<input type="checkbox"/> N/A
d.	Ground Fighting	_____	<input type="checkbox"/> N/A
e.	Arrest Techniques	_____	<input type="checkbox"/> N/A
f.	Crash Investigation	_____	<input type="checkbox"/> N/A
g.	Standard Field Sobriety Tests	_____	<input type="checkbox"/> N/A
h.	Intoxilyzer 5000	_____	<input type="checkbox"/> N/A
i.	Use of Force	_____	<input type="checkbox"/> N/A
j.	Evidence Handling/Packaging	_____	<input type="checkbox"/> N/A
k.	Highway Interdiction	_____	<input type="checkbox"/> N/A
l.	Speed Detection (radar)	_____	<input type="checkbox"/> N/A
m.	Speed Detection (lidar)	_____	<input type="checkbox"/> N/A
n.	Speed Detection (stopwatch)	_____	<input type="checkbox"/> N/A
o.	Weapons Qualification (Semi-Automatic Pistol)	_____	<input type="checkbox"/> N/A
p.	Weapons Qualification (Long Gun)	_____	<input type="checkbox"/> N/A
q.	Expandable Batons (e.g. – ASP)	_____	<input type="checkbox"/> N/A
r.	Oleoresin Capsicum (OC) Spray	_____	<input type="checkbox"/> N/A
s.	Commercial Vehicle Safety/HazMat	_____	<input type="checkbox"/> N/A
t.	Incident Command	_____	<input type="checkbox"/> N/A
u.	Traffic Code	_____	<input type="checkbox"/> N/A
v.	Report Writing	_____	<input type="checkbox"/> N/A
w.	Verbal judo/communication skills	_____	<input type="checkbox"/> N/A

x.	Drugs that Impair Driving (DID)	_____	<input type="checkbox"/> N/A
y.	Courtroom Demeanor/Mock Court	_____	<input type="checkbox"/> N/A